07533

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(193)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 42 Race St. Cambridge Md

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 5 yrs

WITHIN CORPORATE LIMITS OF

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rear on Race St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no —

3. (a) FULL NAME Wm Guy Bell

3. (b) Social Security Number 221-05-6038

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married —

B (b) Name of husband or wife: Audrey Wallace

6(c) If alive, give age 23 years

7. Birth date of deceased (mo., day, yr.): 7-25-1910

8. AGE: Years 29 | Months 11 | Days 9 | If less than one day ___ hrs. ___ min.

9. Birthplace: Dor Co Maryland (Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business: House

FATHER

12. Name: Dan'l B Bell

13. Birthplace: Md

MOTHER

14. Maiden name: Florence Vane

15. Birthplace: Md

16. Informant: Mrs Audrey Bell

Address: Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/5/40 (month) (day) (year)

Cemetery or crematory: Dor Mem Park

Location: Cambridge Md

18. Funeral director: G S LeCompte

Address: Cambridge Md

19. 7-5 1940 (Date rec'd by registrar) John Moore Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1940, at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 ___, to — 19 ___, and that I last saw h — alive on — 19 ___,

Immediate cause of death: Fracture of Cervical Vertebrae

Due to: Fall - from girder to floor

Due to: Shock from contact with a 2200 volt line

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: accident Date of July 2-'40

Where did injury occur? Cambridge (City or town) Dor. (County) Md (State)

Injured at home, farm, industry, public place (where?) at place of work

Means of injury: Fall caused by Electric shock Injured at work?

23. SIGNATURE: Jos. K. Shriver, Dep. Med Exam M. D. or other

Address: Cambridge Date signed July 4/40

VS A15 (T) MARGIN RESERVED FOR BINDING (I) (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

07534

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester (WITHIN CORPORATE LIMITS OF)
City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
306 Main St
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 306 Main St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME George Washington Block

3. (b) Social Security Number —

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	colored	married

B (b) Name of husband or wife Amanda Block

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) November 20 1878

8. AGE:

Years	Months	Days	If less than one day
61	7	28	____ hrs. ____ min.

9. Birthplace Somerset Co Md (Town, county, and state)
10. Usual occupation Gen. Laborer - Waterman
11. Industry or business Oyster & Fish
FATHER 12. Name George Block
13. Birthplace Somerset Co Md
MOTHER 14. Maiden name Elezina Jones
15. Birthplace Somerset Co Md
16. Informant Mabel Bryan
Address 304 Main St Cambridge Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 21 1940 (month) (day) (year)
Cemetery or crematory Wauch Cemetery
Location Cambridge, Md
18. Funeral director H. M. St Clair
Address Cambridge, Md
19. 7-20 1940 (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1940, at 6:20 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 7 1940 to July 18 1940, and that I last saw h— alive on July 18 1940.

	DURATION
Immediate cause of death Enteritis	7-7-40
Due to Cholecystitis Chr.	10-7-39
Due to Myocarditis	1938
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Carroll M St Clair M.D.
M. D. or other
Address Pine & Cedar Sts Date signed 7-19-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

07535

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Dorchester
City or town: Church Creek, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or Inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 6

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Church Creek Md
Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No —

3. (a) FULL NAME: Thomas A. Brashears

3. (b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Estella Brashears
6(c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): 8-10-1876

8. AGE: Years: 62 | Months: 11 | Days: 14 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Dor Co. Md —
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Dairy

FATHER
12. Name: John R. Brashears
13. Birthplace: Md

MOTHER
14. Maiden name: Sarah E. Stapleforte
15. Birthplace: Md

16. Informant: Wm E. Brashears —
Address: Church Creek Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof 7/26/40 (month) (day) (year)
Cemetery or crematory: Bucks Church
Location: Taylors Island Md
18. Funeral director: G. S. Le Compte
Address: Cambridge Md

19. 7/25/40 (Date rec'd by registrar) John Moore Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 24 1940 at 4:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19__ to July 24 1940, and that I last saw h[illegible] alive on July 24 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	1 day
Due to Hypertension	2 yrs
Due to	
Other conditions Myocarditis	2 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. K. Shriver, M. D.
M. D. or other
Address: Cambridge Md Date signed July 24 1940

RECEIVED
AUG 5 1940
BUREAU V. S.

07536

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 46 112

1. PLACE OF DEATH:

County: Dorchester

City or town: Taylors Island
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 80 Years

Hospital, institution, or street address where death occurred: ✓

How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Taylors Island Md
(If outside city or town limits, write RURAL and give nearest town)

Street No. ✓
(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3. (a) FULL NAME: Eliza Jane Brown

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: William S. Brown deceased

6.(c) If alive, give age: X years

7. Birth date of deceased (mo., day, yr.): Sept 18, 1859

8. AGE: Years: 80 Months: 10 Days: 10 If less than one day: ..... hrs. ..... min.

9. Birthplace: Golden Hill, Dor. Md
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: X

FATHER
12. Name: James A McClane
13. Birthplace: Virginia

MOTHER
14. Maiden name: Elizabeth Bradshaw
15. Birthplace: Golden Hill, Md.

16. Informant: Mrs. Heem
Address: Taylors Island

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 7/29/40 (month) (day) (year)

Cemetery or crematory: Brick Church

Location: Taylors Island, Md.

18. Funeral director: Granville Lo Compte
Address: Cambridge, Md.

19. July 29 1940 (Date rec'd by registrar) John Neild Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 7/28 1940, at 4:10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 28 1940, to July 28 1940 and that I last saw her alive on July 28 1940

Immediate cause of death: Cerebral Haemorrhage — DURATION: 1 day

Due to: Arteriosclerosis — 2 yrs

Due to: Hypertension — 2 yrs

Other conditions:
(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Jos. K. Shriver, M. D. M. D. or other

Address: Cambridge Md. Date signed: July 29/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

07537

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 7 Green St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 45 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Dorchester

City or town: Cambridge Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 7 Green St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Leonard G. Cannon

3. (b) Social Security Number: 214-07-7928

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Nora L. Morgan

6 (c) If alive, give age: 44 years

7. Birth date of deceased (mo., day, yr.): April 30, 1895

8. AGE: Years: 45 Months: 3 Days: 1 If less than one day: hrs. min.

9. Birthplace: Bishops Head Md.
(Town, county, and state)

10. Usual occupation: Ice Salesman

11. Industry or business

FATHER
12. Name: Jas. T. Cannon
13. Birthplace: Bishops Head Md

MOTHER
14. Maiden name: Julia F. Mason
15. Birthplace: Bishops Head Md.

16. Informant: Mrs Nora Cannon

Address: Cambridge Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 2, 1940 (month) (day) (year)

Cemetery or crematory: Cambridge, Md.

Location: Cambridge Md.

18. Funeral director: Frank E. Albaugh

Address: Cambridge Md

19. 8/1/40 19 (Date rec'd by registrar) John Moore Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 31 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 13 1940, to July 31 1940, and that I last saw him alive on July 31 1940.

Immediate cause of death: Uremia — DURATION: 3 months.

Due to: Chronic diffuse nephritis — 8 years

Due to:

Other conditions: Lobar pneumonia April 13. 1940
Sulfapyridine aggravated nephritis present.
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Treatment of pneumonia

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Wylie M. Faw M. D. (M. D. or other)

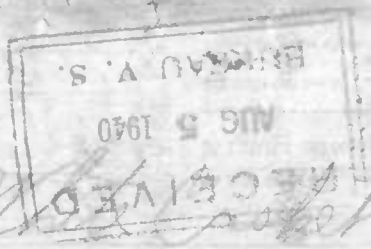
Address: Cambridge Date signed: 8-1-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Benjamin



RECEIVED
AUG 5 1940
BUREAU V. S.

Turner Wall Casket Company
Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (120-a)

07538

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:

County Dorchester

City or town Rhodesdale – Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred: Finchville

How long in hospital or institution? –

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Rhodesdale – Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. Finchville
(If rural, give LOCATION)

2.(a) If veteran, name war –

3. (a) FULL NAME Mary Jane Cannon

3. (b) Social Security Number 221-05-6231

4. Sex: Female

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Married

8.(b) Name of husband or wife: Royce Cannon

6.(c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.): January 8, 1896

8. AGE: Years 44 | Months 5 | Days 26 | If less than one day ..... hrs. ..... min.

9. Birthplace: Dorchester County, Maryland
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: Own Home

FATHER
12. Name: Charles Evans
13. Birthplace: Dorchester County, Maryland

MOTHER
14. Maiden name: Jane Robinson
15. Birthplace: Dorchester County, Maryland

16. Informant: Royce Cannon
Address: Rhodesdale, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 6 1940 (month) (day) (year)

Cemetery or crematory: Cokesbury Colored Cemetery

Location: Cokesbury, Maryland

18. Funeral director: J. J. Frampton and Son
Address: Federalsburg, Maryland

19. July 6 1940 (Date rec'd by registrar) Chas. W. Husling Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 4 1940, at 6 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Saw her once July 3 1940

and that I last saw h— alive on — 19

Immediate cause of death: Dysentery; meaning, thereby — Acute gastro-enteritis. Duration: not stated. C.W.H.

Due to —

Due to

Other conditions: Heart failure

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations —

Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE: L. G. Frazier M. D. or other

Address: Hurlock, Md. Date signed July 5 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (930)

CERTIFICATE OF DEATH

07539

Reg. Dist. No. 111

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Dorchester

City or town East New Market

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Louis A Cephus

3. (b) Social Security Number

4. Sex	5. Color or race	6(a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 1883

8. AGE: Years 57 Months Days 28 If less than one day hrs. min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation merchant

11. Industry or business Grocery Store

FATHER 12. Name Pernell Cephus

13. Birthplace Dorchester

MOTHER 14. Maiden name Eliza Ross

15. Birthplace Dorchester

16. Informant Edgar Lampson

Address East New Market

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 31 1940 (month) (day) (year)

Cemetery or crematory Cemetery

Location East New Market

18. Funeral director H. H. Willoughby

Address East New Market

19. July 31 1940 (Date rec'd by registrar) H. E. Parker Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/25 1940, to 7/28 1940, and that I last saw h— alive on 7/28/40 1940.

Immediate cause of death	DURATION
Acute Cardiac Dilatation	1 day
Due to Chronic Hypertension	?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. K. Kirwin M. D. or other

Address Federalsburg Date signed 7/31/40

RECEIVED
AUG 10 1940
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93-d)

07540

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Eastern Shore State Hospital
Stay in hospital or inst. (yrs., or mos., or days) 9 Days
Stay in this community (yrs., or mos., or days) 9 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town Elkton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Drennen Lane
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Volney Cloud
3. (b) Social Security Number None

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Sara Cloud
6 (c) If alive, give age Unknown years
7. Birth date of deceased (mo., day, yr.) December 18, 1867
8. AGE: Years 73 Months 7 Days 9 If less than one day ___ hrs. ___ min.
9. Birthplace Elkton, Cecil County, Maryland
(Town, county, and state)
10. Usual occupation Odd Jobs, Farm Labor, Etc.
11. Industry or business
FATHER 12. Name Volney Cloud
13. Birthplace Unknown
MOTHER 14. Maiden name Sara Lotman
15. Birthplace Unknown
16. Informant Hospital Records, State Hospital
Address Cambridge, Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 29 40 (month) (day) (year)
Cemetery or crematory Family
Location Elkton, Md
18. Funeral director G S LeCompte
Address Cambridge Md
19. 7/27/ 1940 (Date rec'd by registrar) John Moore Jr Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1940, at 11A.M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 18 1940, to July 27 1940, and that I last saw him alive on July 27 1940.
Immediate cause of death Bronchopneumonia — DURATION 1 day
Due to Chronic myocarditis and myocardial degeneration
Due to Arteriosclerosis
Other conditions Psychosis with somatic disease, Pulmonary emphysema
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Charles Taylor M.D. or other
Address Eastern Shore State Hospital Cambridge, Maryland Date signed 7/27/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

07541

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge Md RFD #1

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge RFD

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3.(a) FULL NAME: Annie Creamer

3.(b) Social Security Number: —

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Elsworth Creamer

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 1868

8. AGE: Years: 72 Months: — Days: — If less than one day: ..... hrs. ..... min.

9. Birthplace: Cambridge RFD. Md (Town, county, and state)

10. Usual occupation: ✓

11. Industry or business: ✓

FATHER

12. Name: Levin Straton

13. Birthplace: Md

MOTHER

14. Maiden name: Nat Known

15. Birthplace: —

16. Informant: Herbert Higgins

Address: Cambridge RFD #1 Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 8/2/40 (month) (day) (year)

Cemetery or crematory: Dar. Mem. Park

Location: Cambridge Md

18. Funeral director: G S L Campbell

Address: Cambridge Md

19. 8/1/ 1940 (Date rec'd by registrar) John Moore Jr Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 31 1940 at 9 AM M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 30 1940 to July 31 1940 and that I last saw her alive on July 30 1940

Immediate cause of death: Myocardial failure

Due to: Starvation

Due to:

Other conditions: Fracture Femur; due to accidental fall cwsa

Trauma to Stomach

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident. Date of

Where did injury occur? on steps of house of a friend. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Linden Avenue, Cambridge, Md.

Means of injury: Accidental fall. Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Cambridge Md Date signed: Aug 1, 1940

VS A15 (T) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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07542

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Cambr Md Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Bishops Head Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Frederick Elliott

3. (b) Social Security Number ✓

4. Sex: Male
5. Color or race: white
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Martha A. Jones
Deceased
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.): 4-17-1864

8. AGE: Years 76 | Months 3 | Days 12 | If less than one day ___ hrs. ___ min.

9. Birthplace: Bishops Head
(Town, county, and state)
10. Usual occupation: Waterman
11. Industry or business:
FATHER
12. Name: Jno Elliott
13. Birthplace: Va.
MOTHER
14. Maiden name: Caroline Unigate
15. Birthplace: Md
18. Informant: John L. Elliott
Address: Beacharon Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 31, 40 (month) (day) (year)
Cemetery or crematory: Family
Location: Bishops Head Md
18. Funeral director: G. L. Campbell
Address: Cambridge Md
19. 7/29 1940 (Date rec'd by registrar) John Moore Jr Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1940, at 3:35 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/21 1940, to 7/28 1940, and that I last saw him alive on 7/28 1940.

Immediate cause of death: Cerebral hemorrhage
Due to: Advanced arteriosclerosis
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy: no

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: no Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE: Guy Steele M. D. or other
Address: Cambridge Md. Date signed 7/30-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M) (I) (T)

WITHIN CORPORATE LIMITS OF

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BUREAU V. S.

07543

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(126)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambr Md Hospital —

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 75-6-15

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. High St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no —

3. (a) FULL NAME W Laird Henry —

3. (b) Social Security Number no —

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed —

6 (b) Name of husband or wife Late Mattie A Henry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-20-1864

8. AGE: Years 75 Months 6 Days 15 If less than one day hrs. min.

9. Birthplace Dar Co. Md —

(Town, county, and state)

10. Usual occupation Lawyer —

11. Industry or business —

FATHER

12. Name Daniel M. Henry

13. Birthplace Md

MOTHER

14. Maiden name Susan E Goldsborough

15. Birthplace Md

16. Informant W. Laird Henry Jr

Address Cambridge Md

17. Burial Date thereof 7/7/40

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Christ Church

Location Cambridge Md

18. Funeral director G S LeCompte

Address Cambridge Md

19. 7-6 1940 John Mace Jr.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1940, at 12:25 A M

21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from July 1st 1940, to July 5 1940, and that I last saw him alive on July 5 1940.

Immediate cause of death Heart failure from shock Intestinal obstruction.

Due to To fistula between gall bladder & duodenum escape of gall stones into small intestine

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Fistula from gall bladder to duodenum escape of gall stones into small intestine

Of autopsy no

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

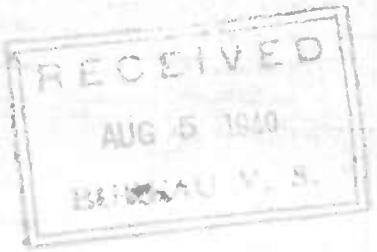
23. SIGNATURE Guy Stette M. D. or other

Address Cambridge Md. Date signed July 6 1940

VS A15 (T) (I) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-a)

CERTIFICATE OF DEATH

07544

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Robins St
WITHIN CORPORATE LIMITS
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Dor
City or town: Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Robbins St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Joe Jackson (Jamed)
3. (b) Social Security Number: 217-16-8281

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Colored	Single

6 (b) Name of husband or wife
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE:

Years	Months	Days	If less than one day
53			____ hrs. ____ min.

9. Birthplace: Buckstown, Md. (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business

FATHER
12. Name: Jim Jackson
13. Birthplace: Buckstown

MOTHER
14. Maiden name: Ella Holland
15. Birthplace: Buckstown Md

16. Informant: Lewis Baynum
Address: Cambridge Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof: 7/27/40 (month) (day) (year)
Cemetery or crematory: Cemetary
Location: Cambridge Md

18. Funeral director: Lewis H. Baynum
Address: Cambridge Md.

19. 7/25/ 19 40 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 24 1940, at 9-30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 24 1940, to July 24 1940, and that I last saw h alive on July 24 1940.

Immediate cause of death	DURATION
Myocarditis	1 mo.
Due to:	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: c
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury ____ Injured at work?

23. SIGNATURE: Dr. K. Stearns M.D. (M. D. or other)
Address: Cambridge Md. Date signed July 26 1940

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (152)

CERTIFICATE OF DEATH

07545

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Cambridge Md Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 1 week

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Cedar St
(If rural, give LOCATION)
2(a) IF VETERAN, NAME WAR No —

3. (a) FULL NAME J. Alvah Johnson

3. (b) Social Security Number 212-16-7998

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married —

6 (b) Name of husband or wife Mary James Johnson
6(c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) 4-26-1886

8. AGE:

Years	Months	Days	If less than one day
54	2	6	hrs. min.

9. Birthplace Dor Co, Maryland (Town, county, and state)
10. Usual occupation Salesman v Buyer
11. Industry or business Phillips Pkg Co —
FATHER 12. Name Phillip M. Johnson
13. Birthplace Md
MOTHER 14. Maiden name Sadie E. Palmer
15. Birthplace Md
16. Informant Mrs Mary J. Johnson
Address Cambridge Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/4/40 (month) (day) (year)
Cemetery or crematory Green Leaf —
Location Cambridge Md
18. Funeral director W S LeCompte
Address Cambridge Md
19. 7-4 1940 (Date rec'd by registrar) John Meade Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1940 at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 29 1940, to July 2 1940, and that I last saw h— alive on July 2 1940

	DURATION
Immediate cause of death Obstruction of chin and neck and face with spreading Gangrene	3 days
Due to mixed infection Streptococcus and Staphylococcus infection	
Due to Possible [illegible]	
Other conditions Hemolytic Anemia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Biopsy & drainage
Of autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Wylie M. Farr M. D
M. D. or other
Address Cambridge Md Date signed 7-3-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

07546

Reg. Dist. No. 1 6

VS A15 PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County Dorchester
City or town Crapo Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 22 -
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Crapo, Md
(If outside city or town limits, write RURAL and give nearest town)
Street No. C
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Jr Arlie Langrall

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6.(b) Name of husband or wife Marcia Langrall
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept 25, 1873

8. AGE: Years	Months	Days	If less than one day
66	10	3	..... hrs. ..... min.

9. Birthplace Toddville, Md. (Town, county, and state)
10. Usual occupation Insurance agent.
11. Industry or business
12. FATHER Name Jeremy M. Langrall
13. FATHER Birthplace Toddville, Md.
14. MOTHER Maiden name Lucinda Todd
15. MOTHER Birthplace Toddville
16. Informant Mrs Marcia Langrall
Address Crapo
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 30, 40 (month) (day) (year)
Cemetery or crematory Church -
Location Crapo Md
18. Funeral director H S LeCompte
Address Cambridge Md
19. 7/31/40 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1940 at 2:40 P. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1, 1940, to July 28 1940
and that I last saw h.. alive on May 1, 1940

Immediate cause of death	DURATION
Coronary Thrombosis	10 min
Due to Arterio Sclerosis	July 28 1940
Due to Hypertension	6 mos.
	6 mos.
Other conditions	

(Include pregnancy within 3 months of death)
Major findings of operations none
Date of op.
Autopsy results none
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Julian E Meekins M. D.
M. D. or other
Address Cambridge Md Date signed 7-30-1940

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07547

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Harford — Registration Dist. No. 115

Village or City Fishing Creek — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where daath occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Still born Infant LEWIS — If U. S. Veteran, specify WAR —

(a) Residence: No. Fishing Creek Md St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	Single

5e. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Still born

6. DATE OF BIRTH (month, day, and year): July 29-40

7. AGE — Years: Still born — Months: — Days: — If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Still born

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Fishing Creek, Md

FATHER

13. NAME: Robert Frazier.

14. BIRTHPLACE (city or town) (State or country): Madison Md.

MOTHER

15. MAIDEN NAME: Gladys Rebecca Lewis

16. BIRTHPLACE (city or town) (State or country): Fishing Creek, Md

17. INFORMANT (Address): Gladys Rebecca Lewis. Fishing Creek, Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place: Harris Cemetery Date: July 29, 1940

19. UNDERTAKER (Address): Russell Frazier Fishing Creek, Md

20. FILED: July 29, 1940 — James D. Meade Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: July (Month) 29 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1940, to July 29, 1940; I last saw [illegible] Still born July 29, 1940; death is said to have occurred on the date stated above, at [illegible] m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Premature Separation of Placenta	July 27 1940

Other Contributory Causes of importance:

None

Name of operation: none — Date of:

What test confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury: None

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James D. Meade M. D.

(Address) Fishing Creek, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore ~~104a~~ 106a

07549

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2 days

Stay in this community (yrs., or mos., or days)

WITHIN CORPORATE LIMITS

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Crapo Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Lankford Mcready

3. (b) Social Security Number 214-07-9441

4. Sex: male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1, 1911

8. AGE: Years 29 Months 1 Days 15 If less than one day hrs. min.

9. Birthplace Crapo (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name David A Mcready

13. Birthplace Crapo

MOTHER 14. Maiden name Dorthy Ennals

15. Birthplace Crapo

16. Informant David A Mcready

Address Crapo

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 19/40 (month) (day) (year)

Cemetery or crematory Cemetery

Location Crapo

18. Funeral director Lewis H Bayneum

Address Cambridge Md

19. 7-19 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16th 1940 at 6:17 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 13/40 to July 16th 1940 and that I last saw him alive on July 16th 1940.

Immediate cause of death: Brain Abscess — DURATION About 3 weeks

Due to Unknown Cause

Due to

Other conditions Acute Bronchitis

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) None

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Cambridge Md Date signed July 16/40

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77)

07548

CERTIFICATE OF DEATH

Reg. Dist. No. 111

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Dorchester

City or town Near E. east N market

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life time

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah Matthews

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
f	B	Widow

B (b) Name of husband or wife Don't Know

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 1833 - -

8. AGE: Years 87 | Months 2 | Days 4 | If less than one day ____ hrs. ____ min.

9. Birthplace Dor. County (Town, county, and state)

10. Usual occupation House work

11. Industry or business General Housework

FATHER 12. Name Levin Coleman

13. Birthplace Dorchester

MOTHER 14. Maiden name Hester Jackson

15. Birthplace Dorchester

16. Informant H H Willoughby 2nd

Address E N market Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 6 1940 (month) (day) (year)

Cemetery or crematory Cemetery

Location Thompsontown Md

18. Funeral director H H Willoughby

Address E N market

19. July 5 1940 H E Parker

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/4/40 19 , at 4 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/4/40 19 , to 6/5/40 19 , and that I last saw her alive on 6/3/40 19 .

Immediate cause of death	DURATION
Arteriosclerosis	
Due to Senility	
Due to	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:

01 operations

01 autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G Roger Meyers M. D. or other

Address Hurlock Date signed 7/6/40

RECEIVED
JUL 10 1940
BUREAU V. S.

07550

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:

County Dorchester County

City or town Hurlock - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 years

Hospital, institution, or street address where death occurred: Beulah

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Hurlock - Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. Beulah
(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME Clara Martha Messick

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Perry S. Messick

6.(c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.): June 12, 1877

8. AGE: Years 63 | Months 1 | Days 8 | If less than one day ..... hrs. ..... min.

9. Birthplace: Caroline County, Maryland
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: Own Home

FATHER
12. Name: Peter Wesley Butler
13. Birthplace: Caroline County Maryland

MOTHER
14. Maiden name: Martha Ellen Blades
15. Birthplace: Caroline County, Maryland

16. Informant: Mrs. Carl Coulbourn
Address: Cambridge, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 23 1940 (month) (day) (year)

Cemetery or crematory: Washington Cemetery

Location: Hurlock, Maryland

18. Funeral director: J. J. Frampton and Son
Address: Federalsburg, Maryland

19. July 23 1940 (Date rec'd by registrar) Chas W Hastings Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 20 1940, at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 19 1939 to July 20 1940 and that I last saw her alive on July 20 1940

Immediate cause of death: Carcinoma of left breast c̄ metastasis — DURATION 1 yr.

Due to:

Due to:

Other conditions: Diabetes mellitus & hypertension — 2 yrs.
(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: X Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Frank M. Anderson M. D. or other

Address: Federalsburg Md. Date signed 7/23/40

D. Anderson

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

07551

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

(S)

1. PLACE OF DEATH:

County Dorchester WITHIN CORPORATE LIMITS OF

City or town Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 4 Colemans Valley

Stay in hospital or inst. (yrs., or mos., or days) -

Stay in this community (yrs., or mos., or days) -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 4 Colemans Valley

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Stillborn Milbourne

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Col.	single

8 (b) Name of husband or wife -

6(c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) July 7 - 1940

8. AGE: Years: Stillborn | Months | Days | If less than one day: hrs. min.

9. Birthplace Cambridge, Md.

(Town, county, and state)

10. Usual occupation none

11. Industry or business none.

FATHER 12. Name Maurice Sharps

13. Birthplace Cambridge, Md.

MOTHER 14. Maiden name Sophronia Milbourne

15. Birthplace Cambridge, Md.

16. Informant Sophronia Milbourne

Address 4 Colemans Valley Camb.

17. Burial Date thereof July 8-1940

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Bethel Cem.

Location Cambridge, Md.

18. Funeral director Wilbur Milbourne (grandfather)

Address 4 Colemans Valley Camb. Md.

19. 7 - 8 1940 John Trace Jr.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1940, at 7 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from not at all 19 - to 19 -, and that I last saw h- alive on not at all. 19 -

Immediate cause of death	DURATION
Stillborn (2½ mos) (Cause unknown)	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John Trace Jr. M. D. or Other

Address Cambridge, Md Date signed 7-8-40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 142 CB

07552

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Dorchester
City or town: Chesapeake Bay
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Penna. County: Cambria
City or town: Johnstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Dr. Alphonse N. Moufang

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct 11 1883

8. AGE:

Years	Months	Days	If less than one day
56	9	19	hrs. min.

9. Birthplace: France
(Town, county, and state)
10. Usual occupation: D. D. S.
11. Industry or business:
FATHER 12. Name: Frederick Moufang
13. Birthplace: Europe
MOTHER 14. Maiden name: Marie De Jersey
15. Birthplace: Europe
16. Informant: Mrs. Nellie Motz
Address: Park Ave, Johnstown, Pa.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 12 1940 (month) (day) (year)
Cemetery or crematory: Greenwood
Location: Indiana, Pa.
18. Funeral director: D. J. Conway
Address: Johnstown, Penna.
19. Aug. 9th 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 30 1940, at 7 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ——— 19—, to ——— 19—, and that I last saw h— alive on ——— 19—

Immediate cause of death	DURATION
Bullet wound Through head	Instantaneous
Due to —	
Due to Found floating in Bay on Aug 8 1940	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Suicide Date of: July 30/40
Where did injury occur? on boat in Chesapeake Bay
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?): on boat
Means of injury: Bullet Injured at work? No

23. SIGNATURE: R. K. Shriver, Dep. Md. Exam.
M. D. or other
Address: Cambridge Md Date signed: Aug 9/1940

RECEIVED
AUG 16 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a) MD

07553

CERTIFICATE OF DEATH

Reg. Dist. No. 110

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Dorchester

City or town: Hurlock
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rural near

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 3 wks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Tennessee County:

City or town: Memphis Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: address unknown
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Alonzo Pewitt

3. (b) Social Security Number: Could find none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	C	single

6 (b) Name of husband or wife: —

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): about 1864

8. AGE: Years: 76 | Months: — | Days: — | If less than one day: hrs. min.

9. Birthplace: Tennessee
(Town, county, and state)

10. Usual occupation: Labor

11. Industry or business: Farm

FATHER
12. Name: Unknown
13. Birthplace: "

MOTHER
14. Maiden name: Unknown
15. Birthplace: "

16. Informant: Jas. E. Andrew
Address: Hurlock — Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 23, 1940 (month) (day) (year)

Cemetery or crematory: Silent City

Location: Cambridge, Md.

18. Funeral director: Lewis H. Bayneum

Address: Cambridge, Md.

19. July 23 1940 (Date rec'd by registrar) Chas. W. Hastings Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 21 1940 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19— to — 19—; and that I last saw h— alive on — 19—.

Immediate cause of death	DURATION
Cerebral Haemorrhage	2 hours
Due to —	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Jos. B. Shriver, Dep. Med. Exam. M. D. or other

Address: Cambridge Md. Date signed July 24 40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (119-a)

07554

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge — Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: along road near Church Creek

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 1 yr.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Lakesville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Jos. S. Phillips

3. (b) Social Security Number: none

4. Sex: male

5. Color or race: C

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 18 — 1939

8. AGE: Years: 1 Months: 1 Days: 3 If less than one day: hrs. min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: none

11. Industry or business: —

FATHER
12. Name: Charles W. Phillips
13. Birthplace: Md.

MOTHER
14. Maiden name: Hazel McNamara
15. Birthplace: Md

16. Informant: Charles W. Phillips
Address: Lakesville — Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 22 1940 (month) (day) (year)

Cemetery or crematory: Lakesville

Location: Lakesville, Md

18. Funeral director: Lewis H. Bayneum
Address: Cambridge

19. 7-22 1940 (Date rec'd by registrar) John Mose Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 21 1940, at 11-30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 21 1940, to July 21 1940, and that I last saw him alive on July 21 1940.

Immediate cause of death: Gastro-Enteritis — DURATION: 3 days

Due to: —

Due to: —

Other conditions: —
(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Jos. K. Shriver M.D. (M. D. or other)

Address: Cambridge Date signed: July 22/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92d)

07555

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester Co

City or town ~~Camb~~ Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Trip neck R.F.D #2 nd

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) all his Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. R.F.D #2

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph Pinder

3. (b) Social Security Number none.

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Huskan of Lizzie Pinder

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Aug 10 - 1869

8. AGE: Years 70 | Months 11 | Days 4 | If less than one day ____ hrs. ____ min.

9. Birthplace: Fork neck (Town, county, and state)

10. Usual occupation: Labor

11. Industry or business: no

FATHER

12. Name: William Pinder

13. Birthplace: Fork neck

MOTHER

14. Maiden name: Milk A Chase

15. Birthplace: md

16. Informant: Lizzie ~~Chase~~ Pinder

Address: Cambridge R.F.D. R2

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 18, 1940 (month) (day) (year)

Cemetery or crematory: Fork neck nd

Location: Fork neck nd

18. Funeral director: Lewis H Baynes

Address: Cambridge nd

19. 7-17 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1940, at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 14 1940, to July 14 1940 and that I last saw him alive on July 14 1940.

Immediate cause of death: Coronary Thrombosis

Due to: Volvulus Heart Disease

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations: none

Of autopsy: none

DURATION: 1 day 1 yr.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Gilbert E Meekins M.D. M. D. or other

Address: Cambridge Md Date signed 7-17-1940

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (128)

CERTIFICATE OF DEATH

L. 07556

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Dorchester (WITHIN CORPORATE LIMITS)

City or town Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge Md Hospital

Stay in hospital or Inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 17

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. R F D. # 2

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Lucy Austin Carter

3. (b) Social Security Number No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Gilbert B. Carter

6(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) 4-16-1881

8. AGE:

Years	Months	Days	If loss than one day
59	2	24	hrs. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual occupation Home Keeper

11. Industry or business Home

FATHER 12. Name Wm L. Austin

13. Birthplace Md

MOTHER 14. Maiden name Martha M. Knight

15. Birthplace Md

16. Informant Gilbert B Carter

Address Camb R F D. Md

17. (Burial, cremation, or removal. Which?) Burial Date thereof July 14, 1940 (month) (day) (year)

Cemetery or crematory Old Trinity

Location Church Creek Md

18. Funeral director G S LeCompte

Address Cambridge, Md

19. 7-14 1940 (Date rec'd by registrar) John Meconkey Jr Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1940, at 2400 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 28 1940 to July 12 1940, and that I last saw h alive on July 11, 1940

Immediate cause of death	DURATION
Acute hemorrhagic pancreatitis	15 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings: Exploratory Laparotomy

Of operations Acute hemorrhagic pancreatitis

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John Meconkey Jr M. D. or other

Address Cambridge Md Date signed 7/13/40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(937)

07557

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

WITHIN CORPORATE LIMITS

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge Md

(If outside city or town limits, write RURAL and give nearest town)

Street No. —

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Charles E Price

3.(b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married —

6.(b) Name of husband or wife: Annie E. Fredricks

6.(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): 1-12-1866

8. AGE: Years	Months	Days	If less than one day
74	6	15	....hrs. ....min.

9. Birthplace: Talbot Co. Md.
(Town, county, and state)

10. Usual occupation: Painter

11. Industry or business: House —

FATHER
12. Name: Not Known
13. Birthplace —

MOTHER
14. Maiden name: Not Known
15. Birthplace

16. Informant: Mrs Debbie Johnson
Address: Cambridge Md

17. (Burial, cremation, or removal. Which?) Burial Date thereof: July 30, 40 (month) (day) (year)

Cemetery or crematory: Greenlawn —

Location: Cambridge Md

18. Funeral director: G S LeCompte

Address: Cambridge Md

19. 7/29/40 (Date rec'd by registrar) John Moore Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 28 1940 at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1937 to July 28 1940

and that I last saw h... alive on July 27 1940

Immediate cause of death	DURATION
Myocarditis —	3 yrs
Due to: Arterio sclerosis	3 yrs
Due to: Hypertension	3 yrs —
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Jno. K. Shriver M. D.
M. D. or other

Address: Cambridge Md Date signed: July 29 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07558

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Eastern Shore State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 2 mos. 28 ds.

Stay in this community (yrs., or mos., or days): " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Talbot

City or town: Longwoods Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Florence Rowens

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 15 1901

8. AGE:

Years	Months	Days	If less than one day
39	0	11	hrs. min.

9. Birthplace: Longwoods, Talbot county Maryland
(Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER
12. Name: Thomas Rowens
13. Birthplace: Caroline County Maryland

MOTHER
14. Maiden name: Mary Elizabeth Stroud
15. Birthplace: Maryland

16. Informant: Hospital Records
Address: State Hospital, Cambridge Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 27-1940 (month) (day) (year)

Cemetery or crematory: Spring Hill

Location: Easton, Md.

18. Funeral director: James A. Spence

Address: Edelton, Md. per K.R.T. Camb.

19. 7/26/40 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 26 1940, 5.40 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 28 1940, to July 26 1940, and that I last saw her alive on July 25 1940.

	DURATION
Immediate cause of death: Acute Influenza	1 day
Due to	
Due to	
Other conditions: Epilepsy, [illegible], Idiocy	4 m
Idiocy (Include pregnancy within 3 months of death)	life

Major findings:

Of operations

Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Charles Naylor M.D.
M. D. or other

Address: Cambridge, Md. Date signed 7/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

07559
Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Eastern Shore State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 29 days
Stay in this community (yrs., or mos., or days): "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Brooklandville P.O. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mollie S. Satterfield

3. (b) Social Security Number: none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	widowed

6 (b) Name of husband or wife: Martin L. Satterfield
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 30 1857

8. AGE:

Years	Months	Days	If less than one day
83	1	5	hrs. min.

9. Birthplace: Caroline County Maryland (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Own home

FATHER
12. Name: Richard Frampton
13. Birthplace: Caroline County Maryland

MOTHER
14. Maiden name: Rebecca Hassard
15. Birthplace: United States of America

16. Informant: Hospital Records
Address: State Hospital Cambridge Md.

17. (Burial, cremation, or removal. Which?) Burial Date thereof (month) July (day) 6 (year) 1940
Cemetery or crematory: Denton, Md.
Location: Denton, Md.

18. Funeral director: J. Virgil Moore Son
Address: Denton, Md.

19. (Date rec'd by registrar) 7-6 1940 John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 5 1940 at 10.15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 6 1940 to July 5 1940 and that I last saw her alive on July 5 1940

Immediate cause of death: Bronchopnuemonia — DURATION: 2 ds

Due to: Chronic Myocarditis & Myocardial Degeneration — Unknown "

Due to: Arteriosclerosis

Other conditions: Cerebral Thrombosis — 24 ds.

(Include pregnancy within 3 months of death): Senile Psychosis — 6 yrs

Major findings:
Of operations:
Of autopsy:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Charles V. Taylor M.D.
M. D. or other
Address: Cambridge, Md. Date signed

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

07560

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: - RFD -

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 20

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge RFD. Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Charles R. Schaffer -

3. (b) Social Security Number ✓

4. Sex: Male ~~Ex~~

5. Color or race: White

6. (a) Single, married, widowed, or divorced: ~~M~~ Married

8 (b) Name of husband or wife: Sadie M. Parks

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): 1-30-1875

8. AGE: Years 65 | Months 5 | Days 4 | If less than one day ____ hrs. ____ min.

9. Birthplace: Maryland — (Town, county, and state)

10. Usual occupation: Contractor

11. Industry or business: Plumbing & Heating

FATHER 12. Name: John J. Schaffer

13. Birthplace: Md

MOTHER 14. Maiden name: Emily J. Haifley

15. Birthplace: Md

16. Informant: Mrs Aubrey LeCompte

Address: Cambridge Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof 7/8/40 (month) (day) (year)

Cemetery or crematory: Dar Mem Park

Location: Cambridge Md

18. Funeral director: G S LeCompte

Address: Cambridge Md

19. 7-6 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1940, at 8.05 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 3 1940, to July 4 1940, and that I last saw him alive on July 4 1940.

Immediate cause of death: Angina pectoris — Instant

Due to: Arterio-sclerotic cardio-vascular renal disease.

Due to

Other conditions: Anginal pectoris Jan 3 1940

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Wylie M Law M. D. (M. D. or other)

Address: Cambridge Md Date signed July 5, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Authorization to add st and cdr of the deceased—
letter in permanent file under Wylie M. Fair
11/6/40
MG.

RECEIVED
AUG 5 1940
BUREAU V. S.

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (456)

07561

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15

Hospital, institution, or street address where death occurred: 100 Glasgow St.

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 100 Glasgow St.

(If rural, give LOCATION)

2.(a) If veteran, name war: no

3.(a) FULL NAME: Clarence D. Sewell

3.(b) Social Security Number: no

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Sarah L. Wingate

6.(c) If alive, give age: 71 years

7. Birth date of deceased (mo., day, yr.): 10-30-1871

8. AGE: Years 68 | Months 8 | Days 14 | If less than one day ..... hrs. ..... min.

9. Birthplace: Coame Va (Town, county, and state)

10. Usual occupation: Waterman

11. Industry or business:

FATHER
12. Name: Saml T. Sewell
13. Birthplace: Va

MOTHER
14. Maiden name: Olivia Dayton
15. Birthplace: Va

16. Informant: Miss Daisy Sewell

Address: Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 7/16/40 (month) (day) (year)

Cemetery or crematory: Green Lawn

Location: Cambridge Md

18. Funeral director: G. S. Le Compte

Address: Cambridge Md

19. 7-16 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 14 1940, at 2:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to July 14 1940 and that I last saw him alive on July 14 1940

Immediate cause of death: Squamous cell carcinoma of buccal cavity with extension and perforation of right cheek and fatal hemorrhage from right internal maxillary artery

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION: 10 months; July 13.

Major findings of operations: Tissue Biopsy - Jan 1, 1940 Squamous cell carcinoma Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Wylie M. Faw M D (M. D. or other)

Address: Cambridge Date signed: 7-15-40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (46-E)

07562

CERTIFICATE OF DEATH

Reg. Dist. No. 11 6

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 301 Aurora St
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

WITHIN CORPORATE LIMITS

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Dorchester
City or town: Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 301 Aurora St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Nora Seretha Simmons

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Joseph W. Simmons
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Nov 27, 1876

8. AGE: Years: 63 Months: 7 Days: 23 If less than one day ____ hrs. ____ min.

9. Birthplace: Lakeville Md.
(Town, county, and state)
10. Usual occupation: Housewife.
11. Industry or business
FATHER
12. Name: Henry Wooten
13. Birthplace: Lakeville, Md.
MOTHER
14. Maiden name: Unknown
15. Birthplace: Lakeville, Md.
16. Informant: Mrs Whitey Barth.
Address: Cambridge, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 22, 1940 (month) (day) (year)
Cemetery or crematory: Cambridge Cemetery.
Location: Cambridge Md.
18. Funeral director: Frank E. Albaugh
Address: Cambridge Md.
19. July 22 1940 John Mace Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 20 1940, at 10.9 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 6 1937, to July 20 1940, and that I last saw her alive on July 20 1940.
Immediate cause of death: Intestinal abstruction — DURATION: 72 hours
Due to: Intestinal malignancy — Primary site unknown — 3 1/2 yrs.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: No Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Wylie M Law M.D.
M. D. or other
Address: Cambridge Md Date signed: 7-21-40

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (51-CR)

CERTIFICATE OF DEATH

07563

Reg. Dist. No. 1-16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Dorchester
City or town: Airey Dor. Co. Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Airey - Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: R.F.D. # 2
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Peter Harrison Stanley

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of husband or wife: Mary Amelia Stanley
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 1, 1858

8. AGE:

Years	Months	Days	If less than one day
82	2	11	____ hrs. ____ min.

9. Birthplace: Airey Dor. Co. Md (Town, county, and state)
10. Usual occupation: Farming
11. Industry or business: Farm

FATHER
12. Name: John Stanley
13. Birthplace: Airey Dor. Co. Md

MOTHER
14. Maiden name: Julia Anne Burroughs
15. Birthplace: Airey Dor Co. Md

18. Informant: Edward W. Stanley
Address: Cambridge, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 14 1940 (month) (day) (year)
Cemetery or crematory: Airey Cemetery
Location: Airey Dor. Co. Md
18. Funeral director: H. H. St. Clair
Address: Cambridge Md.

19. 7-13 1940 (Date rec'd by registrar) Esther Meares Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 11 1940, at 6.30 P.M.

21. I CERTIFY, that death occurred on the date above stated: that I attended deceased from June 1 1940 to July 11 1940
and that I last saw h... alive on July 8 1940

Immediate cause of death: Carcinoma Parotid Gland
Due to: metastasis.
Due to:
Other conditions:
(Include pregnancy within 3 months of death)

DURATION: 6 mos.

Major findings:
Of operations: none
Of autopsy: none.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Gilbert Emerson M.D.
Address: Cambridge Md. M. D. or other
Date signed: July 12 1940

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

07564

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge RFD 2
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Dor.
City or town: Cambridge Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town) RFD 2
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Infant Thomas #1 Twin

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col	Single

6 (b) Name of husband or wife: —
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 7/27/40

8. AGE:

Years	Months	Days	If less than one day
Stillborn			hrs. min.

9. Birthplace: Cambridge Md. RFD 2
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: Joshua Thomas
13. Birthplace: Dorchester Co. Md

MOTHER
14. Maiden name: Margie Thompson
15. Birthplace: Dorchester Co. Md

16. Informant: Joshua Thomas
Address: Cambridge Md. RFD.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7 27 40 (month) (day) (year)
Cemetery or crematory: Brooktown
Location: Brooktown Md

18. Funeral director: Joshua Thomas
Address: Cambridge Md. RFD 2

19. 7/27/40 (Date rec'd by registrar) John Meredith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 7/27/40, at 5 H M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Not at all, 19 to 19, and that I last saw h alive on Not at all 19.

Immediate cause of death	DURATION
Stillborn (Fetus)	
Due to Cause unknown	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: John Meredith M.D. M. D. or other
Address: Cambridge Md. Date signed 7/28/40

RECEIVED
AUG 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

07565

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge RFD 2

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Dor.

City or town Cambridge RFD 2 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Infant Thomas #2 Twin

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Col

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 7/27/40

8. AGE: Years: Stillborn | Months: | Days: | If less than one day: ____ hrs. ____ min.

9. Birthplace Cambridge Md. RFD.

(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER

12. Name Joshua Thomas

13. Birthplace Dorchester Co. Md

MOTHER

14. Maiden name Maggie Thompson

15. Birthplace Dorchester Co. Md

16. Informant Joshua Thomas

Address Cambridge Md. RFD 2

17. Burial (Burial, cremation, or removal, Which?) Date thereof 7/27/40 (month) (day) (year)

Cemetery or crematory Brooktown

Location Brooktown Md.

18. Funeral director Joshua Thomas

Address Cambridge Md. RFD 2

19. 7/27/ 1940 (Date rec'd by registrar) John Moore Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/27/40 19____, at 5A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Not at all 19____, to ____ 19____, and that I last saw h____ alive on Not at all 19____.

Immediate cause of death Stillborn (8 Mo)

Due to Cause unknown

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE John Moore Jr. M.D. M. D. or other

Address Cambridge Md. Date signed 7/27/40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (137-a)

07566

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Dorchester (WITHIN CORPORATE LIMITS)

City or town Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge Maryland Hospital

Stay in hospital or inst. (yrs., or mos., or days) 6 Days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Taylors Island Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. X

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Joseph E. Wallace

3. (b) Social Security Number No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Late Margaret Phillips

6(c) If alive, give age X years

7. Birth date of deceased (mo., day, yr.) 4/26/1853

8. AGE:

Years	Months	Days	If less than one day
87	2	6	____ hrs. ____ min.

9. Birthplace Lakesville, Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Dirt

FATHER

12. Name James Wallace

13. Birthplace Md

MOTHER

14. Maiden name Mary Bramble

15. Birthplace Md

16. Informant Mrs James Abbott

Address Taylors Island, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/5/40 (month) (day) (year)

Cemetery or crematory Brick Church

Location Taylors Island, Md.

18. Funeral director Granville S. LeCompte

Address Cambridge, Md.

19. 7-5 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2, 1940 at 10.20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 26, 1940 to July 2, 1940 and that I last saw him alive on July 2, 1940

	DURATION
Immediate cause of death: Uraemia	5 days
Due to Chronic retention of Bladder urine. Enlarged	2-3 yrs.
Due to Senility.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Frederick Simmons M.D.

M. D. or other

Address Cambridge Md. Date signed 7-3-1940

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

07567

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: (WITHIN CORPORATE LIMITS)

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 5-5 Douglass St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 39 yr.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 5-5 Douglass St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Emily Ward

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	colored	widowed

6(b) Name of husband or wife Thomas Ward

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) August 14 1873

8. AGE:

Years	Months	Days	If less than one day
66	10	26	____ hrs. ____ min.

9. Birthplace Dorchester Co. Md

(Town, county, and state)

10. Usual occupation housework

11. Industry or business

FATHER

12. Name Joseph Wilson

13. Birthplace Dorchester Co Md

MOTHER

14. Maiden name Mary Haynes

15. Birthplace Dorchester Co Md

16. Informant Elizabeth Stepford

Address 5-5 Douglas St Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 14 1940 (month) (day) (year)

Cemetery or crematory Bethel

Location Cambridge md

18. Funeral director Lewis H Baynum

Address Cambridge md

19. 7-14 1940 John Mace Jr. Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1940, at 7 40 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 14 1940 to July 9 1940, and that I last saw h[illegible] alive on July 8 1940.

	DURATION
Immediate cause of death Lung Abscess	6-2-40
Due to Labor Pneumonia	5-14-40
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Carroll M Stearn MD

M. D. or other

Address Race & Cedar Sts Date signed 7-12-40

RECEIVED
AUG 5 1940
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (117a)

CERTIFICATE OF DEATH

07568

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 423 High Street
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 40 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 423 High Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Tibertha Anna Waters

3. (b) Social Security Number none.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col	Married

6 (b) Name of husband or wife Rev. Joshua N. Waters
6(c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) July 20 1866

8. AGE:

Years	Months	Days	If less than one day
73	11	22	hrs. min.

9. Birthplace Upper Hill Som. Co Md
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Home
FATHER 12. Name Lambert Waters
13. Birthplace Upper Hill, Som. Co. Md
MOTHER 14. Maiden name Caroline Fountain
15. Birthplace Upper Hill Som. Co. Md
16. Informant Lehman N. Waters
Address Cambridge, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 15 1940 (month) (day) (year)
Cemetery or crematory Wauek Cemetery
Location Cambridge Maryland
18. Funeral director K. M. St Clair
Address Cambridge, Md.
19. 7-13 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1940, at 1.10 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 18 1940 to July 12 1940
and that I last saw h— alive on July 12 1940.

Immediate cause of death	DURATION
Enteritis	6-15-40
Gastric Ulcer	5-10-40
Due to Chr. Myocarditis	1938
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Dt operations
Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Carroll M St Clair MD
M. D. or other
Address Race & Cedar Sts Date signed 7-12-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(92-B)

07569

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 8 Fairmount Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 yrs

WITHIN CORPORATE LIMITS

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No. 2

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 8 Fairmount Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Waters

3. (b) Social Security Number

4. Sex: male

5. Color or race: colored

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Laura Waters

6(c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) July 14 1858

8. AGE: Years 81 Months 9 Days 25 If less than one day ____ hrs. ____ min.

8. Birthplace Upper Hill Som. Co. Md (Town, county, and state)

10. Usual occupation Janitor

11. Industry or business Bank & Church

FATHER 12. Name William Waters

13. Birthplace Somerset Co Md

MOTHER 14. Maiden name Laura Boggs

15. Birthplace Upper Hill Som. Co. Md

16. Informant Lulu Cornish

Address Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 9 1940 (month) (day) (year)

Cemetery or crematory Waugh Cemetery

Location Cambridge, Md

18. Funeral director H. M. St Clair

Address Cambridge, Md

19. 7-9 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1940, at 8:55 p M

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from May 26 1940, to July 6 1940, and that I last saw him alive on July 6 1940.

Immediate cause of death	DURATION
Acute Enteritis	6-29-40
Due to Chr. Myocarditis	1938
Mitral Insufficiency	1938
Due to	
Other conditions Hypotension	1939

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Carroll M St Clair MD M. D. or other

Address Pine & Cedar St Date signed 7-9-40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

07570

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge (WITHIN CORPORATE LIMITS OF)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 382 High st
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) all life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Dor
City or town Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 382 High St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah C Wilson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	Colored	married

6 (b) Name of husband or wife Guethur Wilson
6(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years 63 | Months — | Days — | If less than one day ____ hrs. ____ min.

9. Birthplace Salem Md (Town, county, and state)
10. Usual occupation House Work
11. Industry or business

FATHER
12. Name Levin Woolford
13. Birthplace Dorchester Co

MOTHER
14. Maiden name Lottie Moloch
15. Birthplace Dorchester Co

16. Informant Guethur Wilson
Address Cambridge md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 30/40 (month) (day) (year)
Cemetery Cemetery
Location Fork Md
18. Funeral director Lewis H Baynes
Address Cambridge Md

19. 7/30/40 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1940, at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 12 1939, to July 27 1940, and that I last saw h alive on July 22 1940

Immediate cause of death Carcinoma of the left mammary gland — DURATION 18 mos

Due to —

Due to —

Other conditions Metastases into glands of neck & media (Include pregnancy within 3 months of death) 1 yr

Major findings:

Of operations Radical removal of left mammary gland

Of autopsy None June 23, 1939.

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ✓ Date of
Where did injury occur? (City or town) ✓ (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Chas Schneider M.D. M. D. or other
Address Cambridge, Md Date signed July 29, 1940

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(181)

07571

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge-Maryland Hospital

Stay in hospital or inst. (yrs., or mos., or days): 2 days

Stay in this community (yrs., or mos., or days): 25 yrs

WITHIN CORPORATE LIMITS

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Vue-de-l'Eau Ct. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: George W. Winterling

3. (b) Social Security Number: 214-07-8513

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Virginia Baker

6(c) If alive, give age: 20 years

7. Birth date of deceased (mo., day, yr.): Dec. 23 - 1914

8. AGE: Years: 25 Months: 6 Days: 28 If less than one day: hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Foreman

11. Industry or business: Canning house

FATHER: 12. Name: Wm F. Winterling

13. Birthplace: Md

MOTHER: 14. Maiden name: Myra Twigg

15. Birthplace: Md

16. Informant: Hospital Records

Address: Cambridge Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 21, 1940 (month) (day) (year)

Cemetery or crematory: Dor. Memorial Park

Location: Cambridge, Md.

18. Funeral director: Frank E. Albaugh

Address: Cambridge, Md.

19. 7-21 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 21 1940, at 9 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ——— 19 ——, to ——— 19 ——, and that I last saw h ——— alive on ——— 19 ——.

Immediate cause of death: Second and third degree burns involving about 60% — DURATION: 2 days

Due to: of body surface

Due to: fire caused by explosion of gasoline vapor

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of: July 20/40

Where did injury occur? Cambridge (City or town) Dor. (County) Md (State)

Injured at home, farm, industry, public place (where?): Explosion on boat at foot of Cemetery Ave.

Means of injury: fire resulting from explosion Injured at work? No

23. SIGNATURE: Jos. K. Shriver Dep. Med. Exam. M. D. or other

Address: Cambridge Md Date signed: July 22/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 1 1940
BUREAU V. S.

(M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

07572

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge R.F.D. Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? — #3

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge R.F.D. #3

(If outside city or town limits, write RURAL and give nearest town)

Street No. —

(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME Mae Virginia Woodward

3. (b) Social Security Number 20

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Jas A Woodward

6.(c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): 8-19-1874

8. AGE: Years 65 Months 11 Days 1 If less than one day ..... hrs. ..... min.

9. Birthplace: Dor. Co. Md — (Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business: Home

FATHER 12. Name: Alfred Cook

13. Birthplace: Md

MOTHER 14. Maiden name: Katherine Spedden

15. Birthplace: Md

16. Informant: Jas A. Woodward

Address: Camb R.F.D. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 22-40 (month) (day) (year)

Cemetery or crematory: East New Mkt, Md

Location: East New Mkt Md

16. Funeral director: G She Compte

Address: Cambridge Md

19. 7-22 1940 John Mace Jr. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 20 1940 at 5:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 10 1938, to July 20 1940 and that I last saw her alive on July 20 1940

Immediate cause of death: Myocardial insufficiency with Cardiac asthma & pulmonary edema — DURATION 24 hrs

Due to: Myocardial weakness and arteriosclerotic heart disease

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Wylie M Law M.D. M. D. or other

Address: Cambridge Md Date signed: 7-20-40

RECEIVED
AUG 5 1940
BUREAU V. S.